



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Providers and Managed Care Organizations (MCOs)
Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 9/8/2005

SUBJECT: Medicaid Disaster Relief for Victims of Hurricane Katrina

The purpose of this memorandum is to provide information regarding the provision of health care services to those citizens in the Hurricane Katrina devastated states of Alabama, Louisiana, and Mississippi.

Many beneficiaries are being evacuated to neighboring states. Beginning Thursday, September 8, 2005, Virginia's National Guard facility, Fort Pickett, near Blackstone will serve as an intake/recovery center and short-term shelter for 1,000 Hurricane Katrina evacuees at a time. In addition, evacuees are being identified throughout the Commonwealth.

Because of hurricane damage, information on current health status or even verification of the person's status as a Medicaid beneficiary may not be available. Therefore, the Virginia Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) are establishing an emergency Medicaid, "E-Medicaid," program to assure that individuals are enrolled in an expeditious manner, receive treatment and services, and providers are reimbursed for their services.

BENEFICIARY ENROLLMENT

DSS will be available at Fort Pickett and at local offices to enroll evacuees directly into E-Medicaid. The E-Medicaid program will waive all normal procedures used to determine Medicaid eligibility and enrollment will be completed for beneficiaries from the impacted areas. Once enrolled, the beneficiaries will receive medical benefits under the Medicaid fee-for-service program and will not be enrolled into a managed care organization.

Once enrolled, the beneficiary will receive a Temporary Medicaid Eligibility Certification Letter (attached), which provides the verification of eligibility along with an E-Medicaid Identification number. Providers may use the information available in this letter to bill DMAS for services provided. Only the individuals listed on the form are eligible to receive services. Providers

should only accept the original copy of the form, which is printed on state or local DSS original letterhead and signed by the DSS worker. Photocopies should not be accepted.

For those evacuees who present at your offices for services and have not yet been enrolled into E-Medicaid, we ask that you provide them with the attached application and immediately fax the form to the DMAS Central Processing Unit (CPU) at 804-698-5645 or 804-698-5654 for immediate enrollment. You may follow up with the CPU by calling toll free to 866-873-2647. Please note that the CPU is available to answer questions regarding eligibility and cannot answer questions related to claims. Others identified, but not in need of immediate services, can be referred to the local DSS office for enrollment. **Services and treatment should not be withheld for these beneficiaries due to the lack of an ID number.**

SERVICES

A list of covered services is attached. DMAS is waiving the requirement of co-payments for services to beneficiaries, therefore, providers should not request a co-payment from anyone enrolled in E-Medicaid. Prior authorization of services to these enrollees also is being waived. Transportation for beneficiaries is available through Logisticare by calling 1-866-386-8331. If you have questions regarding covered services, please contact the DMAS Provider HELPLINE at 1-800-552-8627.

REIMBURSEMENT

DMAS will reimburse providers for the services rendered. Providers should file all claims with DMAS via the normally established procedures. The rates paid to providers will be based on the Central Virginia Medicaid Fee Schedule. These rates will be considered payment in full and providers may not balance bill beneficiaries for services received.

PHILOSOPHY

The Centers for Medicare & Medicaid Services (CMS) is allowing states that received persons displaced by the storm flexibility in normal operating procedures. DMAS is in agreement with the following:

- Normal prior authorization and out-of-network requirements will also be waived for enrollees of Medicare, Medicaid or SCHIP managed care plans;
- Programs will reimburse facilities for providing dialysis to patients with kidney failure in alternative settings;
- Certain HIPAA privacy requirements will be waived so that health care providers can talk to family members about a patient's condition even if that patient is unable to grant that permission to the provider;
- Hospitals and other facilities can be flexible in billing for beds that have been dedicated to other uses, for example, if a psychiatric unit bed is used for an acute care patient admitted during the crisis; and

- Hospital emergency rooms will not be held liable under the Emergency Medical Treatment and Labor Act (EMTALA) for transferring patients to other facilities for assessment, if the original facility is in the area where a public health emergency has been declared.

PROVIDER ENROLLMENT

If you are not enrolled in the Medicaid provider network but would like to provide services to these beneficiaries, contact the DMAS Provider Enrollment Unit at 888-829-5373 to obtain instructions for enrollment.

Updated information about the Commonwealth's emergency relief activities, including Frequently Asked Questions, Beneficiary Enrollment Form, can be found can be found at www.dmas.virginia.gov.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

THANK YOU

On behalf of Governor Mark R. Warner, Secretary of Health and Human Resources, Jane H. Woods, and myself, we appreciate your support of this program and the emergency relief efforts.

Attached Number of Pages: (5)

**Commonwealth of Virginia
Emergency Medical Assistance Application (E-Medicaid)**

For Official Use Only	
DATE RECEIVED _____	
FIPS _____	AID CATEGORY <u>919</u>

List the names of the persons in your family applying for Emergency Medical Assistance

Name	Date of Birth	Social Security Number (If Known)	Race	Sex	Have Medicaid/SCHIP in Previous State
1.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
2.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
3.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
4.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____
5.					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, State _____

Current Address in Virginia: _____ **Phone Number:** _____

City: _____ **State:** VA **Zip Code:** _____

Address prior to Hurricane Katrina: _____

City/County/Parish: _____ **State:** _____ **Zip Code:** _____

I declare that the above named persons were displaced by Hurricane Katrina and are applying for Emergency Medical Assistance in Virginia. By signing my name below, I certify that all information I have given on this application is true and correct to the best of my knowledge and belief. I understand that anyone who gives false information or receives benefits for which he is not eligible, can be prosecuted for perjury, larceny and/or fraud.

Signature: _____ **Date:** _____

Instructions for Completion of E-Medicaid Application

This form is to enable persons from Alabama, Louisiana and Mississippi who are in Virginia as a result of being displaced by Hurricane Katrina to apply for medical assistance. This form collects the only information needed to enroll individuals in E-Medicaid. There are no income or resource requirements for this program and no verification is required.

Step 1. Complete E-Medicaid application. Completed forms may be submitted to an authorized out station site or a local department of social services. The information on your application will be used to enroll you in the E-Medicaid program.

Step 2. Once enrolled in E-Medicaid, you will be given an E-Medicaid Eligibility Certification form that contains the E-Medicaid Identification Numbers. This form allows you to access needed medical services and must be shown when you receive a medical service. Only the individuals listed on this form are authorized to receive services through the E-Medicaid program. The certification form must not be shared or photocopied.

If the certification form is lost, please contact the local department of social services to request a replacement.

To ensure continued access to medical care, please report all changes of address to the local department of social services in the area where you live.

E-Medicaid Certification

Use of Form

To be used only for E-Medicaid enrollments. Department of Social Services Eligibility Workers must print the form on either their local agency letterhead or State Department of Social Services letterhead and have a sufficient supply on hand to certify newly eligible recipients. The form is for individuals who must have immediate certification of their eligibility for Medicaid in order to access services that otherwise may not be available, such as transportation or pharmacy services. Providers should not accept photocopies of this form.

Local DSS Actions

Upon determining that an enrollee is eligible for E-Medicaid and the enrollee needs the form in order to access medical care, the eligibility worker prepares and signs the form. Typed signatures are not acceptable. The Supervisor or other designated authority co-signs. The original form is given to the E-Medicaid enrollee. Two copies are made.

One copy is maintained at DSS, second copy is faxed to (804) 225-4393 as a control copy.

E-Medicaid Enrollee Action

Enrollee presents the form to the pharmacy, transportation provider or other Medicaid provider for confirmation of eligibility.

SAMPLE

Notice of Eligibility for E-Medicaid

DATE ISSUED _____

To whom it may concern:

This letter is to confirm that the following individual(s) have been found eligible for services under the E-Medicaid program.

NAME

E-MEDICAID ID #

SSN

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This certification is good for up to six months from date of issuance. Please delay your billing to the Department of Medical Assistance Services until you can confirm that this ID number is active in the Medicaid Management Information System by contacting Medi-Call at 1-800-884-9730, or 1-800-772-9996.

Eligibility established by:

Local Department of Social Services
Worker Name

Telephone Number

Confirmed by _____
(Supervisor)

Local Department of Social Services: _____

Address: _____

City/State/Zip Code: _____

Do not accept a photocopy of this certification as verification of eligibility.

E-Medicaid Covered Services

COVERED SERVICES

- There are no co-payments or prior authorizations required for these services.

Clinic Services - Services provided in local Health Departments or other clinics.

Community Mental Health and Mental Retardation Services - Mental health and mental retardation services.

Dental Care Services - Services include diagnostic, preventive and primary services, as well as complex restorative dental services. Dentures, braces, and permanent crowns, are covered when medically necessary. Braces are limited to individuals under age 21.

Durable Medical Supplies and Equipment - Are covered as ordered by a physician as medically necessary. Included are ostomy supplies, oxygen and respiratory equipment and supplies, and home dialysis equipment and supplies.

Family Planning Services - Includes drugs, supplies, and devices provided under supervision of a doctor.

Glucose Test Strips - Blood glucose self-monitoring test strips are covered.

Home Health Services - Visits by a physical therapist, occupational therapist and speech and language therapist.

Hospice Services – Are covered for terminally ill patients expected to live no more than six-months.

Hospital Emergency Room - Emergency room treatment and services for life-threatening conditions are covered.

Inpatient Hospital Care - Medically necessary days of care are covered.

Inpatient Psychiatric Hospital Services - Are covered when medically necessary.

Long-Term Care - Persons in need of nursing facility care.

Maternal and Infant Care Coordination/Expanded Prenatal Services- Case management services for the high-risk pregnant woman or child. Homemaker services for pregnant women on physician-ordered bed rest, education classes, and nutrition services.

Organ Transplants – Kidney, cornea, heart, lung and liver transplants are covered. Bone marrow transplants are covered for individuals who have a diagnosis of lymphoma or breast cancer, leukemia or myeloma.

Outpatient Hospital Care – Services are covered in the doctor's office or for outpatient hospital clinic services.

Physician's Services – Doctor's services are covered for both in the hospital and in the doctor's office.

Podiatry Services (foot care) – Services are covered for medically necessary diagnostic, medical or surgical treatment of the foot.

Prescription Drugs When Ordered by a Physician - Prescription drugs are covered by when prescribed by a doctor, excluding erectile dysfunction, treatment of infertility, cosmetic use and DESI drugs.

Prosthetic Devices – Are covered when medically necessary.

Psychiatric or Psychological Services - Are covered when medically necessary.

Renal (Kidney) Dialysis Clinic Visits – Are covered for end-stage renal disease.

Rehabilitation Services - Intensive rehabilitation services are covered when medically necessary. Inpatient services are covered in acute rehabilitation hospitals or units. Outpatient services include physical and occupational therapy and speech-language pathology. Outpatient settings include acute and rehabilitation hospitals, rehabilitation agencies, and school divisions.

Transportation Services For Medical Treatment – Emergency and Nonemergency transportation is covered.

Vision Services – Routine Eye Exams and Eye Glasses are covered.

SERVICES NOT COVERED

Cosmetic services are not covered